## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax

ax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

03/30/2004

William R. McClellan Wolf, Greenfield & Sacks, P.C. Fedral Reserve Plaza 600 Atlantic Avenue Boston, MA 02210



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Doris	5 A.	Champ	ag	ne			(Depositor's name)
Dori	3 a	. Cha	inj	إصن د	ne		(Signature)
June	23,	2004	V			,	(Date)

- 1	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
•	09/847,268	05/02/2001	Christian Patouraux	H0659/7005	6918

TITLE OF INVENTION: METHOD AND APPARATUS FOR DETERMINING A CALIBRATED VALUE FOR THE YAW ANGLE OF A SATELLITE

APPLN. TYPE	APPLN. TYPE SMALL ENTITY		E PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional NO		\$1330		\$300	\$1630	06/30/2004			
EXAMINER		ART UNIT	r CI	ASS-SUBCLASS					
OEN, WILLIAM L		2855		073-17800R	_				
1. Change of correspondence CFR 1.363).	ce address or indication of "F	Fee Address" (37	names of up to	the patent front page 3 registered patent	attorneys or I Sacks.	Greenfield & P.C.			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			firm (having as a	atively, (2) the name member a registered	lattorney or 2				
☐ "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required.	ion (or "Fee Address" Indica or more recent) attached. Us	ation form se of a Customer	attorneys or agent will be printed.	mes of up to 2 regists. If no name is list					
3. ASSIGNEE NAME ANI	RESIDENCE DATA TO E	BE PRINTED ON TH	HE PATENT (print of	or type)					
PLEASE NOTE: Unless been previously submitt (A) NAME OF ASSIGN	ed to the USPTO or is being	submitted under sepa	arate cover. Complet	e patent. Inclusion of tion of this form is NC Y and STATE OR CO	assignee data is only appropri or a substitute for filing an ass OUNTRY)	ate when an assignment has ignment.			
SES Astra	S.A.	C	Chateau de	Betzdorf, L	uxembourg				
Please check the appropriat	e assignee category or catego	ories (will not be prin	nted on the patent);	🗅 individual 🛚 💆	corporation or other private g	roup entity 🚨 government			
4a. The following fee(s) are	enclosed:	4b.	Payment of Fee(s):						
☑ Issue Fee		¥	A check in the amount of the fee(s) is enclosed.						
Publication Fee		Į.	Payment by credit	card. Form PTO-203	8 is attached.	1			
Advance Order - # of	Advance Order - # of Copies 10  Advance Order - # of Copies 10  A The Director is hereby authorized by charge the required rec(s), or credit any overpayme Deposit Account Number 23/2825 (enclose an extra copy of this form).					credit any overpayment, to copy of this form).			
Director for Patents is reque	ested to apply the Issue Fee a	and Publication Fee (	if any) or to re-apply	any previously paid	issue fee to the application ide	entified above.			
NOTE: The Issue Fee ar	McClcllan and Publication Fee (if require a registered attorney or age ecords of the United States P	red) will not be acc	JE 23, 2007 epted from anyone e or other party in	4	HDEMESS2 00000137 098	47268			
This collection of inform obtain or retain a benefit application. Confidentiali estimated to take 12 min completed application fo case. Any comments on suggestions for reducing Patent and Trademark 22313-1450. DO NOT	ation is required by 37 CFF by the public which is to ty is governed by 35 U.S.C. tes to complete, including g m to the USPTO. Time w the amount of time you this burden, should be sent Office, U.S. Department SEND FEES OR COMPLI for Patents, Alexandria, Vii	R 1.311. The information of the Comparing, preparing, prequire to complete to the Chief Information of Commerce, All ETED FORMS TO	ation is required to PTO to process) an 4. This collection is and submitting the	01 FC:1501 02 FC:1504 03 FC:8001		1330.00 OP 300.00 OP 30.00 OP			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



DOCKET NO.: H0659.70005US00

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Christian Patouraux

09/847,268

Confirmation. No.:

6918

Filed:

May 2, 2001

For:

METHOD AND APPARATUS FOR DETERMINING A

CALIBRATED VALUE FOR THE YAW ANGLE OF A

**SATELLITE** 

Examiner:

Oen, William L.

Art Unit:

2855

## CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to MAIL STOP ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 23rd day of June, 2004.

Mail Stop Issue Fee

**Commissioner For Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

- Part B Issue Fee Transmittal [X]
- Certified Copy of Priority Document (EP 98120693.1) [X]
- Return Receipt Postcard [X]

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

A check in the amount of \$1660.00 is enclosed to cover the issue fee, the publication fee and the fee for advance copies. If the fee is insufficient, the balance may be charged to Deposit Account 23/2825. A duplicate of this sheet is enclosed.

> Respectfully submitted, Christian Patouraux, Applicant

By: William R. In Clellan William R. McClellan, Reg. No.: 29,409

Wolf, Greenfield & Sacks, P.C.

600 Atlantic Avenue

Boston, Massachusetts 02210-2211

Telephone: (617)720-3500

Docket No. H0659.70005US00

Date: June 23, 2004

x06/30/04x